

Advancing the Maternal & Child Health VISION

february 9-12 washington, dc
2013 AMCHP ANNUAL CONFERENCE



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Advancing

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Mary Marin

**Family Representative
2008 - 2011**



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Maternal & Child Health: Protecting the American Dream

Michael C. Lu, MD, MPH

Associate Administrator
Maternal and Child Health Bureau
Health Resources and Services Administration

AMCHP 2013 Annual Conference
February 10, 2013



Human progress is neither automatic nor inevitable... Every step toward the goal of justice requires sacrifice, suffering, and struggle; the tireless exertions and passionate concern of dedicated individuals.

Dr. Martin Luther King, Jr.



We are true to our creed when a little girl born into the bleakest poverty knows that she has the same chance to succeed as anybody else because she is an American, she is free, and she is equal not just in the eyes of God but also in our own.

President Barack Obama, 2013



The American Dream:

Freedom and individual Rights

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the Pursuit of Happiness.

Declaration of Independence, 1776



Maternal & Child Health: Protecting the American Dream

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The American Dream: Equality of Opportunity

Dream of a land in which life should be better and richer and fuller for everyone, with opportunity for each according to ability or achievement, ... regardless of the fortuitous circumstances of birth or position.

James Truslow Adams
The Epic of America, 1931



The American Dream: Intergenerational Mobility

I have a dream that my four little children will one day live in a nation where they will not be judged by the color of their skin, but by the content of their character.

Dr. Martin Luther King, Jr. 1963



MCH is foundational to the American Dream



We have always understood that when times change, so must we.

President Barack Obama, 2013



Make **C**hange **H**appen **B**ureau



Make Change Happen Bureau

We are going to improve maternal and child health in our nation by improving access, quality, integration, accountability, and equity.



Make Change Happen Bureau

CoIIN:

**Collaborative Improvement and Innovation Network
on Infant Mortality**



Make Change Happen Bureau

National Maternal Health Initiative



Make Change Happen Bureau

Maternal, Infant, and Early Childhood Home Visiting Program



The accident of birth is a principal source of inequality in America today. American society is dividing into skilled and unskilled, and the roots of this division lie in early childhood experiences.

James Heckman
Nobel Laureate Economist



Make Change Happen Bureau

Affordable Care Act



Make Change Happen Bureau

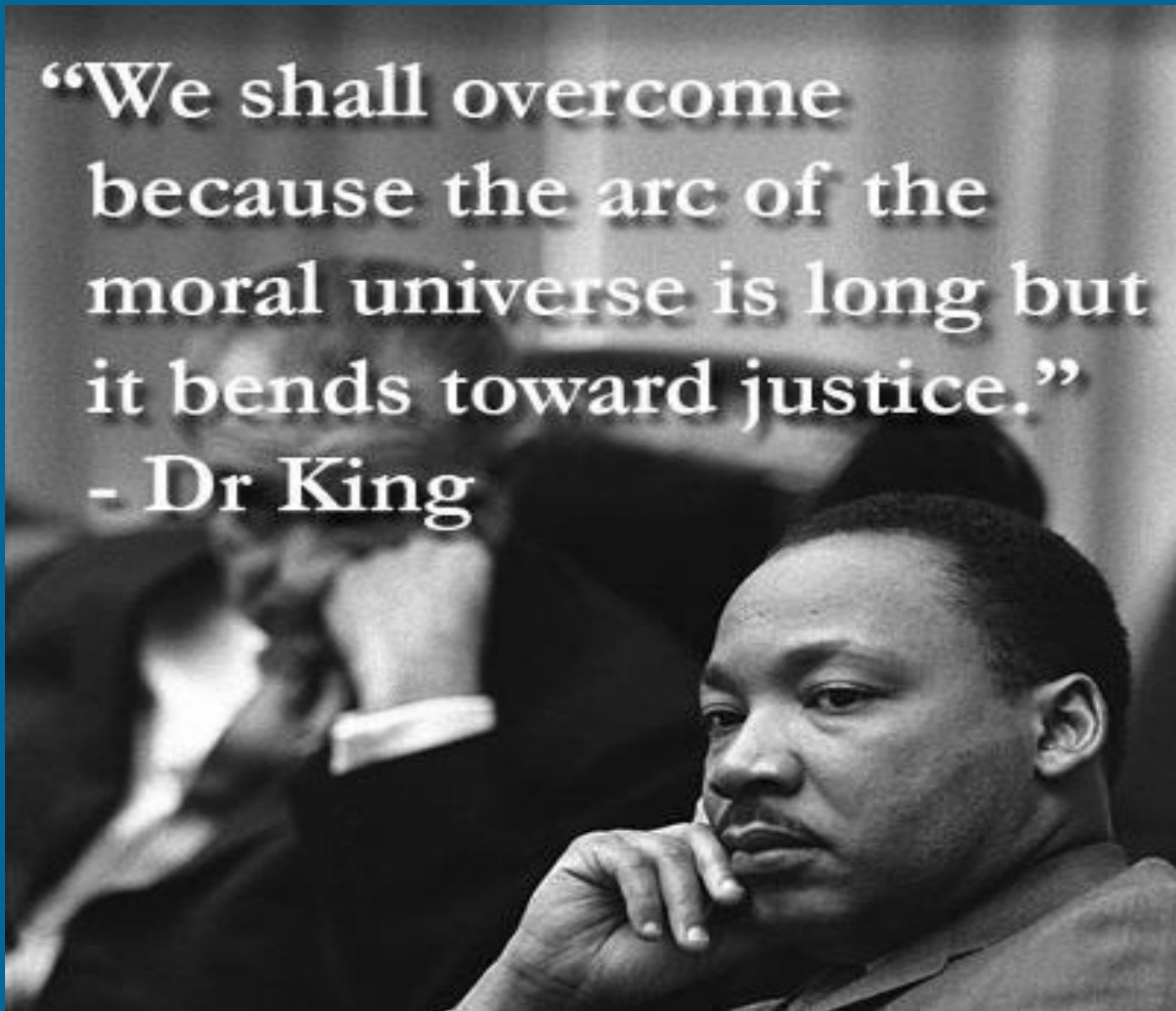
Title V MCH Services Block Grant



IN THIS TEMPLE
AS IN THE HEARTS OF THE PEOPLE
FOR WHOM HE SAVED THE UNION
THE MEMORY OF ABRAHAM LINCOLN
IS ENSHRINED FOREVER



**“We shall overcome
because the arc of the
moral universe is long but
it bends toward justice.”
- Dr King**









Prioritizing our Path: MCH Programs and CDC's National Birth Defects and Developmental Disabilities

Coleen A. Boyle, PhD, MS hyg

Director

CDC's National Center on Birth Defects and Developmental Disabilities

Birth Defects: Common, Costly, Critical

Birth defects *affect* us all.



What *effect* will **YOU** have on birth defects?

Learn more about birth defects.
Visit www.cdc.gov/birthdefects.



1 in 33

1 in every 33 babies is born with a birth defect.

We want to help you reduce that risk.
Learn more at www.cdc.gov/birthdefects.





Protecting Children...

These services improve health and save lives of children and adolescents. 

Where does our nation stand?

- 1 Breastfeeding counseling
- 2 Hearing screening and follow up
- 3 Vision screening
- 4 Lead screening
- 5 Developmental screening
- 6 Hypertension screening
- 7 Tobacco screening and cessation services
- 8 Dental services
- 9 Human papillomavirus vaccine coverage
- 10 Chlamydia screening
- 11 Reproductive health services



*CDC Brings a Focus to
Children's Mental Health*



Women with Disabilities



View Data

Data by indicator



View data on all states for one indicator

[Browse Maps & Data Tables](#)

Data by state



View data on multiple indicators for a state

[Browse State Profiles](#)

Key Topics

View an interactive map for a popular disability indicator.



[Body Mass Index](#)



[Mammograms](#)



[Smoking](#)



[Expenditures](#)

Quick Profiles

View a demographic or health overview for your state.



[Demographic Overview](#)



[Health Overview](#)

Fast Fact

Disability Among Adults: In 2010, 22.0% of adults reported having a disability.

[View Interactive Map »](#)

DHDS News

2010 data for Arizona and District of Columbia have been updated.

State Profiles have been added to DHDS!



Thank You



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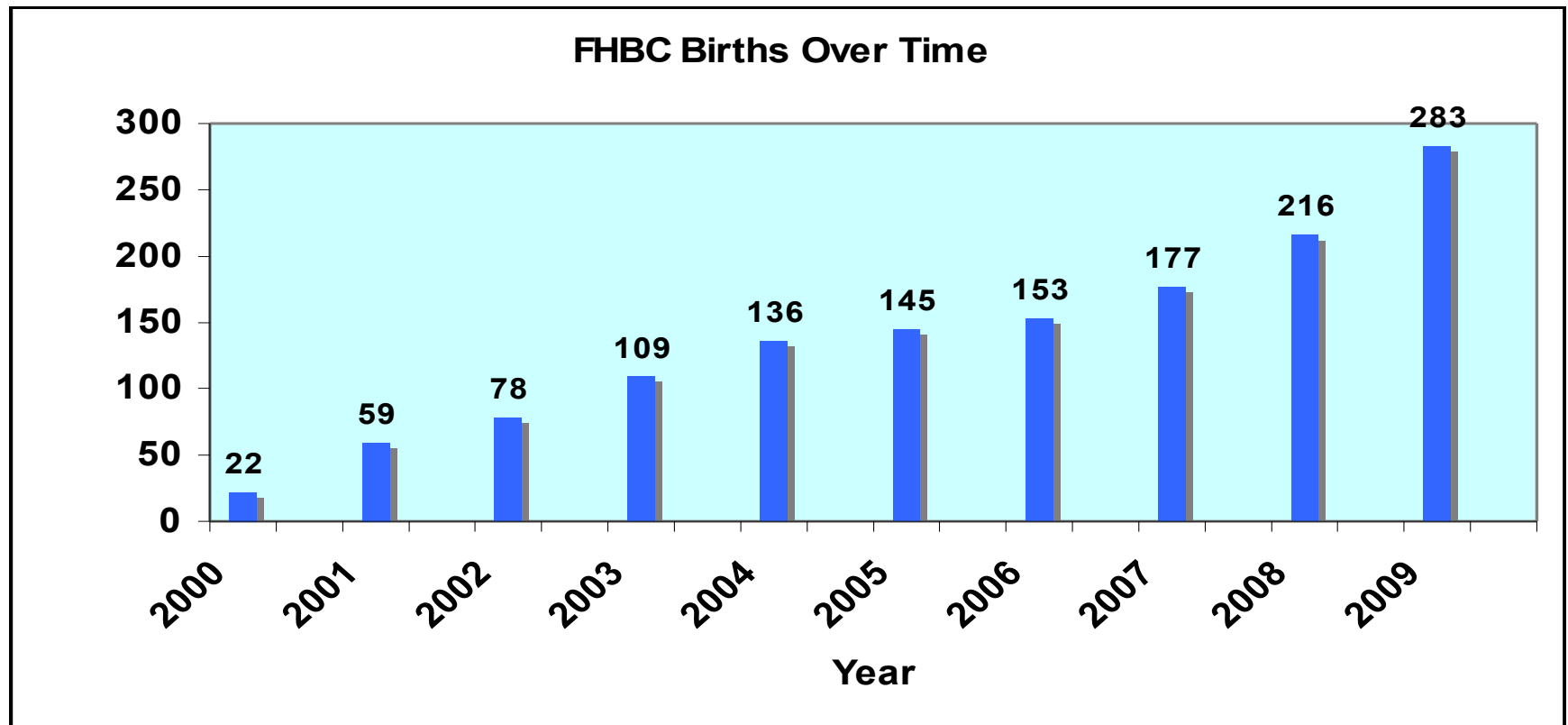
Developing Families Center

Presentation to the Students of
Current Issues in Public Health by
Ruth Watson Lubic, CNM, Ed.D

Professor Edyth Schoenrich, MD
Johns Hopkins School of Public Health

Family Health and Birth Center Outcomes and Cost-Savings to the System

Since opening its doors in 2000, FHBC has cared for 1,378 laboring mothers, with volume increasing each year:



In 2009, FHBC cared for its largest caseload to date, providing over 8,000 clinic visits, and caring for 283 women in labor. Compared to Washington, DC and the nation, FHBC demonstrates significantly improved outcomes, while caring for a high-risk population that typically experiences very poor outcomes:

<i>Outcomes Comparison</i>	US (2006)	DC (2006)	FHBC (2006)	FHBC (2009)
Low Birth Weight	8.3%	11.6%	3.0%	1.9%
Preterm Birth	12.8%	13.2%	5.0%	2.3%

FHBC moms are also much more likely to breastfeed than their counterparts in DC and throughout the nation:

<i>Ever Breastfed</i>	US (2006)	DC (2006)	FHBC (2006)
Overall	77%	69.6%	89.7%
African American	65%	--	88.4%

Through a nurse-midwifery model that emphasizes prevention and health care in its social context, FHBC achieves these outcomes at a substantial savings to the system. See below for a cost-comparison of FHBC outcomes and DC-wide outcomes in the African American population:

<i>FHBC Cost-Savings to the System</i>	DC (2006) N= 8,522	FHBC (2006) N= 153	FHBC Savings
Preterm birth <37 weeks	15.6%	5.0%	\$836,849
Low birth weight	14.5%	3.0%	\$407,085
Cesarean section	31.5%	10.0%	\$391,314
Total			\$1,635,248



Developing *Families* Center

www.developingfamilies.org



**COME JOURNEY WITH US ON
THE DFC VISIT OF
HHS SECRETARY,
KATHLEEN SEBELIUS**

02/08/12

Three exciting opportunities were announced regarding enhancing prenatal care:

- Through Centering/Group Visits At Birth Centers, both freestanding and/or a unit of or owned by tertiary hospital or health system.
- Birth Centers must be certified by the Commission for the Accreditation of Birth Centers
- At maternity care homes

Funding will be available for three-year periods with a fourth year for evaluation.

On this day, Secretary Sebelius launched a new Centers for Medicare and Medicaid Innovation (CMMI) initiative:

STRONG START FOR MOTHERS AND NEWBORNS

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- Through Centering/Group Visits At Birth Centers, both freestanding and/or a unit of or owned by tertiary hospital or health system.
- Birth Centers must be certified by the Commission for the Accreditation of Birth Centers
- At maternity care homes

Funding will be available for three-year periods with a fourth year for evaluation.

The approaches are non-medical and designed to achieve better care, improved health and reduced costs. A significant effort is to reduce early elective cesarean sections (prior to 39 weeks without medical indication).

Keep in mind that in 2006 we reduced preterm birth, low birth weight infants and cesarean section significantly, saving a figure greater than operating costs, all of which was realized by the Medicaid managed-care organizations.

	<u>African-American Population</u>		
	DC (2006 Final)	FHBC (2006)	FHBC Savings*
Preterm birth < 37 wks	15.60%	5.00%	\$ 836,849
Low birth weight	14.50%	3.00%	\$ 407,085
Cesarean section	31.50%	10.00%	\$ 391,314
	Total Savings 2006		\$ 1,635,248

***Sources:**

Preterm Birth-Chapter 12 "Societal Costs of Preterm Birth" in Preterm Birth: Causes, Consequences and Prevention, IoM 2006.

Low Birth Weight - Cost of Illness Handbook, Environmental Protection Agency, 3/31/06

Cesarean Birth-National average cost as reported in the Wall Street Journal (2/21/06)



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 27, 2012

Ruth Watson Lubic, CNM, Ed.D
Founder
Developing Families Center
801 17th Street, NE
Washington, DC 20002

Dear Dr. Lubic:

Thank you very much for forwarding me the book of photographs of the families of and staff of the Developing Families Center. I appreciate your kind note and your thoughtfulness of the reminder of a great day at the DFC.

It was my pleasure to launch HHS' Strong Start initiative from the DFC. It is wonderful that you and Dr. Linda Randolph are pleased with our efforts and it is reassuring to know that HHS has your support. You and your respective staffs are doing outstanding and vital work for women and their families, and we look forward to continuing a collaboration of sharing ideas in this area.

Thank you, again, for your kindness.

Sincerely,

Kathleen Sebelius





Visitors of the Developing Families Center from left to right:

Michael Lu, MD - Maternal & Child Health Bureau – HRSA; Linda A. Randolph, MD, MPH - Developing Families Center; Ellen-Marie Whelan, CMMI; Ruth Watson Lubic, CNM, Ed.D - Developing Families Center; Hal Lawrence, MD, American College of Obstetricians and Gynecologists; Richard Gilfillan, MD, CMMI; Valinda Rutledge, CMMI; Cindy Mann, CMS/CMMI; Lorrie Kaplan, American College of Nurse-Midwives; Cynthia Flynn, CNM, Ph.D - Community of Hope Family Health and Birth Center; Scott Birns, MD, March of Dimes; and Kate Bauer, American Association of Birth Centers.

Many groups are interested in instituting our model of expanded perinatal care—from preconception through the maternity experience, and on into the early childhood education of the babies born through our services, whether on site or at the Washington Hospital Center. Included are health services for children and families and support services for mothers, fathers and families.

We are very grateful to all the friends and donors whose sacrifice has brought the DFC to this extraordinary point in its 14-year history, and at a time when sustainability is being addressed.

Please consider supporting our effort either through our website or by mail to assist the replication of the DFC model.

DFC is a non-profit collaborative corporation including the following sponsors:

Community of Hope Family Health and Birth Center □ Healthy Babies Project

United Planning Organization Early Childhood Development Center

PHONE: 202.398.2007 FAX: 202.398.2027

801 – 17th Street, NE ■ Washington, DC 20002-7200

www.developingfamilies.org

Advancing the Maternal & Child Health **VISION**

Excellence in State MCH Award

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Recognition of Distinction

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City Dance Troupe

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Going for the Gold: What MCH Leaders Can Learn From Olympic Champions

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